



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 P.O. Box 5795 CHRB, Saipan, MP 96950
 Telephone: (670) 664-3000 Fax: (670) 664-3067
 Website: <http://commerce.gov.mp/>

OFFICE OF THE INSURANCE COMMISSIONER
 Telephone: (670) 664-8018 or 664-8020 Fax: (670) 664-8074

<input type="checkbox"/> NEW 20__	LICENSE FEE \$ _____	LATE FILING PENALTY \$ _____
<input type="checkbox"/> EXTENSION/RENEWAL 20__	RECEIPT NO. _____	RECEIPT NO. _____
<input type="checkbox"/> AMENDMENT 20__	PAYMENT DATE _____	PAYMENT DATE _____

APPLICATION FOR SOLICITOR'S LICENSE

The undersigned hereby applies for a Solicitor's License for the following classes of Insurance:

- | | | | |
|---|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Disability (Accident/Health) | <input type="checkbox"/> Life | <input type="checkbox"/> Property | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> General Casualty | <input type="checkbox"/> Marine | <input type="checkbox"/> Surety | |

1. NAME OF APPLICANT: _____

2. BUSINESS MAILING ADDRESS: _____

3. BUSINESS PHYSICAL ADDRESS: _____

Tel No(s): _____ Fax No.: _____

Email: _____ Contact Person _____

APPLICANT'S FORM OF ORGANIZATION IS: (* provide copies of pertinent documents)

_____ Proprietorship _____ Partnership _____ Corporation
 _____ Limited Liability Company _____ Other

4. Are you a permanent resident of the Commonwealth? _____

5. Will your time be devoted exclusively to the insurance business? _____

6. If NO, what portion of your time will be devoted to insurance? _____

7. Give the following information with regard to your previous insurance experience, if any:

Date		Employer	Address of Employer	General Agent or Subagent	Class of Insurance
From	To				

8. Have you ever been denied or had an insurance license revoked? ____ YES ____ NO
If answer is YES, a detailed letter or explanation must accompany application.
9. Have you ever been convicted of a felony? ____ YES ____ NO
If answer is YES, a detailed letter of explanation must accompany application.
10. Are you familiar with the provisions of the contract(s) of insurance to be negotiated? ____

11. What instruction in insurance have you had? _____

12. What instruction in insurance do you expect to receive? _____

13. Are you familiar with the Insurance Laws of the Commonwealth and do you agree to your business in accordance therewith and do you understand that if you are required to take an examination, there will be several questions on the laws that you must answer satisfactorily? ____ YES ____ NO
14. The applicant hereby certifies that the principal use of the license applied for is not to effect insurance on the applicant's own life, property of risks, or the life, property or risks of employees or members of applicant's family.

AFFIDAVIT

Commonwealth of the Northern)
 Mariana Islands) SS:
 Municipality of _____)

The undersigned, being duly sworn, deposes and says that he/she is the person named in the foregoing application, that he/she knows the contents thereof, and that each of the statements made, and answers to the questions therein, are true of his/her own knowledge.

 (Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

 (Notary Public)

(SEAL)

My commission expires: _____

APPOINTMENT OF SOLICITOR

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The undersigned _____
hereby appoints _____
whose address is _____
to act in the Commonwealth as its Solicitor for the following classes of Insurance:

- | | | | |
|---|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Disability (Accident/Health) | <input type="checkbox"/> Life | <input type="checkbox"/> Property | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> General Casualty | <input type="checkbox"/> Marine | <input type="checkbox"/> Surety | |

Further, the undersigned _____ hereby:

1. Certifies that this appointment shall remain in effect until written notice of Termination is received by the Insurance Commissioner or said Solicitor's License to transact insurance business in the Commonwealth is revoked or is not renewed.
2. Certifies that Solicitor is appointed in accordance with 4 CMC § 7303(d) of the Commonwealth Insurance Act.
3. Certifies that I have known the appointee for, _____ years, and that I have investigated his character and reputation and recommend appointee as being worthy of a Solicitor's License.
4. Certifies that I have examined appointee and found that he has sufficient knowledge of insurance and the Insurance Laws of the Commonwealth to properly act as a Solicitor.

Dated at _____, Commonwealth of the Northern Mariana Islands this
_____ day of _____, 20 ____ .

(Insurer, General Agent or Subagent)

(Signature of Authorized Person)